

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	/						51	/			
2		/					52		/		
3		/					53		/		
4		/					54	/			
5		/					55		/		
6		/					56		/		
7	/						57		/		
8		/					58		/		
9		/					59		/		
10		/					60	/			
11		/					61		/		
12	/						62		/		
13		/					63		/		
14		/					64	/			
15		/					65		/		
16		/					66		/		
17		/					67	/			
18		/					68		/		
19		/					69		/		
20		/					70		/		
21	/	/					71		/		
22		/					72	/			
23		/					73		/		
24		/					74	/			
25		/					75		/		
26	/						76	/			
27		/					77		/		
28		/					78				
29	/						79				
30		/					80				
31		/					81				
32		/					82				
33		/					83				
34		/					84				
35	/						85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44	/						94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	←		←		←		TOTAL IND.	←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←		←	